

JR SAFETY ACADEMY REGISTRATION FORM

Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone Number _____

Email _____

Emergency Contact _____ Phone Number _____

Does your child have any allergies such as food or outdoor allergies? YES No

Parent / Guardian - please read and initial by each statement:

_____ In the event of a health emergency, I authorize West Valley Fire Department to provide / seek emergency care of my child.

_____ I give permission for my child to practice CPR on a manikin.

_____ I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Jr Safety Academy activities for which he/she has been registered.

_____ Acknowledgement of Risk of Injury/Release and Waiver. I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the Jr Safety Academy. In consideration of my child's participation in the Academy, I hereby agree to release, waive, hold harmless, and shall indemnify Yakima County Fire Protection District 12 and their respective employees, members, officers and other staff members from liability to us and our child for any and all claims.

_____ By submitting the registration form I agree to the terms listed above and provide my signature as proof of acceptance.

Signature of Parent/Guardian

Date

Jr Safety Academy participant - please read and initial by each statement:

_____ I will be respectful of others, including Academy staff. Yakima County Fire Protection District 12 will not tolerate bullying, teasing or any physical aggressive behavior. Participants demonstrating this behavior will be immediately removed from the situation and sent home.

_____ I will have respect for others property and the supplies and equipment of Yakima County Fire District 12.

_____ I will keep my cell phone put away during Academy. I may use it during snack and/or lunch times only.

Signature of Participant

Date